MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/2000	
APPLICANT(S)	·

			1			2	21.44		
			AFT	2 00	2 iC		CLAIN		
l l	AS F	ILEO	1st AME	NDMENT	2nd AME	AFTER 2nd Amendment			
	IND.	DEP.	IND.	DEA	IND.	DEP.			
1					,				
2				3		1			
3				1		1			
4				1		1			
5				1		1			
6				r		1			
7				1)			
8	 			V		1	1		
9				<u> </u>		1	١.		
10						١	1		
11		-		1	-	1	1		
12		 			 	J.	1		
13		7	1	1	<u> </u>	1	i		
14			 	 	 	9	1		
15	<u> </u>	 	 	 	 	 	1		
16		 	1	1	1	1	1		
17		 	1	 	1	1	1		
18		 	1	 	1	<u> </u>	1		
19		 	1	1	1	1	1		
20			1	157	1	19	1		
21		 	†	19	1	KA	1		
22			 . 	19	1	10	1		
23		 		19		B	1		
24		 		19		ich	1		
25		1	1.	10		10	1		
26		 	 	19	 	19	1		
27	.,	1 .		A	1	19	1		
28		·	1	16)	1	P	1		
29		1	1	1	1		1		
30		 	 	1		1	1		
31			 	1	1	1	1		
32		 	1	1		1	1		
33		 	 	1		1	1		
34		 	1	1	1	 	1		
35		1	1	1	-	1	1		
36		1	1	8	1	1	1		
37		1	1	 	1	1	1		
38			1)]		
39		1				1			
40				1		ı			
41	,		\mathbf{L}	٨		١]		
42				1		١	_		
43				1		ì	_		
44		1		1		1]		
45)		. 1]		
46		1	· .	1)]		
47				,		1] .		
48		1		1)]		
49		1	1		1]		
50		11		1		}]		
TOTAL	Γ	-	1,5		N]		
IND.	+· -	J 🚣		ૂ ~ *		式 ⇔ੈ ਂ	i		
DER	<u>_</u> _			/)	╣		
CLAIMS	L		10/2	1	سرا (مر)	7			

	*		*		*	
		<u> </u>		,		
E1	IND.	OSP.	INQ.	DEA	IND.	DEP.
51				-		
52						 -
53 . 54				<u> </u>		
55	ļ		 			
			 		 	
56 57		 	 	 	 	
58	 		 	 		
59			1	 	 	1
60	 	ļ. —	1	 	 	
61	-	 	 		 	
62		 	1	 		
63		 	1	 	1	
64	 	 	 	1	 	1
65	·	 	1	 	1	1
66	 	<u> </u>		1	1	
67						
68	T		1			
69					•	
70						
71						
72						
73					ļ <u> </u>	1
. 74]		<u> </u>	<u> </u>	ļ <u>.</u>
75	<u></u>		<u> </u>	ļ		<u>. </u>
76			<u> </u>	<u> </u>	<u> </u>	<u> </u>
77			<u> </u>	ļ	ļ	
78	<u> </u>	ļ		ļ		
79	ļ	ļ	ļ			
80		ļ	 	 	 	
81	<u> </u>	↓	 	 	 	
82	 			-		
83		 			 	
84	 	 		 	 	
	ļ	 				
86	 	+		 	+	+
88	 	+	 	+	+	+
89	1	1	1	1	1	
90	1	1	1	1	1	
91	 	1	1	1	1	1
92	1	1	1	1		
93	1	1	1	1		
94	1	1		1	1	
95		1				
96						ŀ
97						
98						
99					_	
100						J
TOTAL IND.		1		1		
TOTAL DEP.	1			- -		- (m)
YOYAL CLAIMS				1		
CLAIMS	-1	<u> </u>	=1		=1	

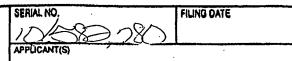
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

					TO-875)		ليسبيا							
				- (5)		-10	CLAIMS		*		1#		1.	
	AS F	ILEO	1at AME	TER NDMENT	AFT 2nd AME	NOMENT				<u> </u>	<u> </u>	,	<u> </u>	
	IND.	DEP.	IND.	DEA	IND,	DEP.			IND.	DEP	INO.	DER	IND.	DEP.
1						<u> </u>	ļ	51				1	 	
2		·		<u> </u>				52					 	
3				1		/		53				7	 	<u> </u>
4				1		<u>/</u>	ļ	54					 	
5				<i></i>				55			ļ	ļ		1
6				/	/			56				ļ	 -	
7		<u></u>		/	<u> </u>		·	57		 	ļ	 	·	1
8			/	ļ	 			58		<u> </u>	 	 		1 1
9						<u> </u>		59			ļ	ļ		1
10		<u> </u>	1					60		ļ	ļ	ļ <u>.</u>	 	1
11		ļ	<u> </u>		ļ	<u> </u>		61	ļ		ļ	ļ	 	1
12		ļ	1			1		62	 	 	 	 		1
13		1.2	1			/		63	ļ	<u> </u>	ļ	 		1
14	1	ļ	<u> </u>	\	ļ	1		64	ļ	ļ	 	 	 	1
15		<u> </u>	 	1	ļ	 		65			 	 	 	++
16		<u> </u>	<u> </u>	 	 	<u> </u>		66	 		 	 	 	1 1
17	<u> </u>	 	 	1 3	 	ļļ	1	67	 	 	1	 	 	-
18	<u> </u>	 	 	 /-	 	1-/		68	 	ļ	 	 	 	1
19	ļ	 	ļ	 _/ _	 	-/-		69	 	 	 			-
20		 	 	ļ./	ļ	//		70	 	ļ	 	 		
21		ļ	 	'	ļ		l	71		ļ	 	╂	 	
22	<u> </u>	ļ	 		1 /	1	1	72	 	ļ	 	 	 	
23		ļ	 /	 	1 /-	 		73 . 74		-		 	+	+-;
24	ļ		1	ļ	 	 	-		ļ		 	 	 	+ ;
25		 	 \ 		1 1	 	1	75 76		 	 	 	 	
26	ļ		 	 	 		{	77	 	 		 		
27	ļ	·	 	\	·	\ \	{ ·	78	 	 	+	 	 	+ ;
28			 	 	 	\	-	79	 	 	 	 	:	1
29	ļ		 -	\	 	 \ 	1	80		1	 	1	 	
30	-		┼	+	 	 \	-	81	-	 	 	 		
31	 	 	 	1-1-		+ / -	1	82	 	 	+	 	- 	
32	 	 	- 	 	 	1/	-	83	 	 	+	+		
33	ļ		 	 	+	<u> </u>	1	84	 	 	 	-		
34	ļ	 	 1	+	 '-		1	85	 	┼	 	1	1	1
35 36	 	+	 	1	1	 '.	1.	86	1	1	1	1	1	1
37	 	+	 	 	 	1	1	87	1	1	1	1		
38	 	 	 	 	1-	 	1	88	1		1			
39	 	1	 ' 	 	 	1	1	89	1				· .	
40	 	 	 	1)		1)	1	90						
.41	 	1	 	1/	1	V	1	91	1					
42	 	1	1	1	1	1	1	92						
43		1	1	1		11] .	93						
44	1	1	1	1	1	1	1	94					1	
45	1	1	1 .	1		. 1]	95						
46		1	1)		1	3	96						<u> -</u>
47	1		1			1]	97						1
48	1	1		1		1]	98	1			<u> </u>		
49				1		1		' 99						ļ
50	1	1	1	7		1]	100						1
TOTAL	1	1	10	1	4		7	TOTAL		1	I	1		
IND.	+·-	→	100	_ *	一定	٠,	1	TOTAL	1	٠,		— *	 	—
DER YOTAL CLAIMS	<u> </u>		1//			. ر	긕	DEP. YOYAL CLAIMS			<u> </u>			

* LINU BE LIGED FOO ADDITIONAL OF ALMS OR ADMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)



	AS FI	DEP.	4-12 AFT 181 AME	ER	AF	TER	CLAIMS	*		14		1.	
			1st AME	ER VDMENT	AF	rea		l 🛊	· · · · · · · · · · · · · · · · · · ·				
	IND.	DES				NOMENT		*				*	
			IND.	A3G	(ND,	DEP.	<u></u>	IND.	DEP.	IND.	DEA	. IND.	
						·	51			!	4		
		·		<u> </u>			52			 	 /		
				1.			53		ļ				
				!			. 54			ļ	1		
				/	<u> </u>	<u> </u>	55		ļ	<u> </u>	1		
			/				56			1		ļ	
							· 57				1	ļ	
						ļ	58			ļ	 	ļ	
					 	<u> </u>	59	ļ	ļ		1 1	ļ	
			 _ / · -				60	ļ	ļ	 	11		
						ļ	61	[<u>-</u>	ļ	 	 	 	
					ļ		62	<u> </u>	 	 	 		
			<u> </u>	<u> </u>	-	 	63	 	 	 	<u> </u>	 	
				<u> </u>	 	ļ . · ·	64	ļ	 	 	1 0	 	
			 	 \-	!	 	65	 		-	+	 	
			ļ	 	 	 	66	 	 		+ +		
		<u> </u>	 	 -/-	 	 	67 68	 	 	-	1	 	
				//	 	 	69	 	 	 	+ , -	 	
			 	 /	 	 	70		 	 	+	1	
			 /		 	 	71	 	 	1	 	1	
			/ /	 	 		72		 	 	+ ;		
			/	 		1	73	 	 	1	 	 	
			 /		 	 	74	 	 	1	 '		
		 	!. /	 	 	<u> </u>	75		 	 	1 1		
	 	 	 		 	 	76	<u> </u>	 	 	 	 	
		,	li			1	77				1		
		 	1		1	<u> </u>	78	1			1		
			1				79		1		1 .		
			1				80				T		
			1				81						
:			1				82						
							83						
							84						
			7		٠		. 85			<u> </u>		 	
			1				86		ļ	.			
			l		<u> </u>	1	87	<u> </u>	 	 	 	ļ	
			1	<u> </u>			88		 	 	 	 	
			ļ	<u> </u>		ļ	89	<u> </u>	ļ	ļ	 	 	
		<u> </u>	ļ		ļ	ļ	90	ļ	 	 		 	
	· ·		ļ	1/	ļ	<u> </u>	91		 	ļ	-	 	
-			ļ	7	 	 	92	ļ	ļ		 	 	
		ļ	<u> </u>		 	ļ	93	ļ		 	 	<u> </u>	
		<u> </u>		1	 	 	94	ļ	-	+	+	 	
		ļ	 	1 1	 	 	95 .	 	 	 		+	
-		 	 	1-1-	 	 	96	 	-	 	+	 	
		 	 		 	 	97	 	 	 	 	-}	
-			ļ		 	 	98	 	 	 	+	1	
-		 	 	 }	 	 	100	 	 	+	 	 	
AL		 	 	/	 	 	l ———	 	 	 		 	
D.		1 .	1/2	1	1] [TOTAL IND.	i		1	1	1	
AL		, <u> </u>			 	_ ** _	TOTAL	+	. 🕶		_ _		

* NE LIGER EAR ARRITHMAL OLAUS AR ARMENRIMENTS